



FILED
Mar 03, 2004 8:00 am
Secretary of State

02-20-2004 90004 020 ****61.25

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N93000002458			
1. Entity Name FLORIDA ALLIANCE OF CONCERNED TRAFFIC SCHOOLS, INC.			
Principal Place of Business 1725 ART MUSEUM DR JACKSONVILLE, FL 32207 US		Mailing Address 1725 ART MUSEUM DR JACKSONVILLE, FL 32207 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02112004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3169100		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLEY, JOEL R JR 1725 ART MUSEUM DR JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOLLEY, JOEL R JR 1725 ART MUSEUM DR JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QUINONES CARY 1850 LEE ROAD, SUITE 207 WINTER PARK, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEGreti, JOHN 1850 LEE RD SUITE 313 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOT, NEIL 1121 SPRING LAKE DRIVE ITASCA, IL 601433201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		2/17/04 904-399-3119 X124	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



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Document Number

N93000002458

Business Entity Name

FLORIDA ALLIANCE OF CONCERNED TRAFFIC SCHOOLS, INC.

FEI Number

593169100

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

1725 ART MUSEUM DR

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country

32207

US

Mailing Address

Address

1725 ART MUSEUM DR

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country

32207

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

HOLLEY

JOEL

R

JR

-or- RA Business Name

Address

1725 ART MUSEUM DR

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country

32207

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Attachment
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Document Number

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Business Entity Name

FLORIDA ALLIANCE OF CONCERNED TRAFFIC SCHOOLS, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title	DT
Name (Last, First, Middle, Title)	HOLLEY JOEL R JR
-or- Entity Name	
Street Address	1725 ART MUSEUM DR
City, State	JACKSONVILLE, FL
Zip Code & Country	32207

Title	DP
Name (Last, First, Middle, Title)	SEGRETI JOHN
-or- Entity Name	
Street Address	1850 LEE RD SUITE 313
City, State	WINTER PARK, FL
Zip Code & Country	32789

Title	D
Name (Last, First, Middle, Title)	Quinones Cary
-or- Entity Name	
Street Address	1850 Lee Road Suite 207
City, State	Winter Park, FL
Zip Code & Country	32789

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	

Attachment

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Continue

Reset

Start Over

[Sunbiz Home Page](#)[Public Access Help](#)

Attachment

66404329



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 11, 2004

FLORIDA ALLIANCE OF CONCERNED TRAFFIC SCHOOLS, INC.
1725 ART MUSEUM DR
JACKSONVILLE, FL 32207 US

SUBJECT: FLORIDA ALLIANCE OF CONCERNED TRAFFIC SCHOOLS, INC.
Ref. Number: N93000002458

We have received your document for FLORIDA ALLIANCE OF CONCERNED TRAFFIC SCHOOLS, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 504A00009374

I have add D to Mrs.

Quinn → D. re your form

If it is not complete now

I need you to highlight what

I need to complete

Thy Joel Holley